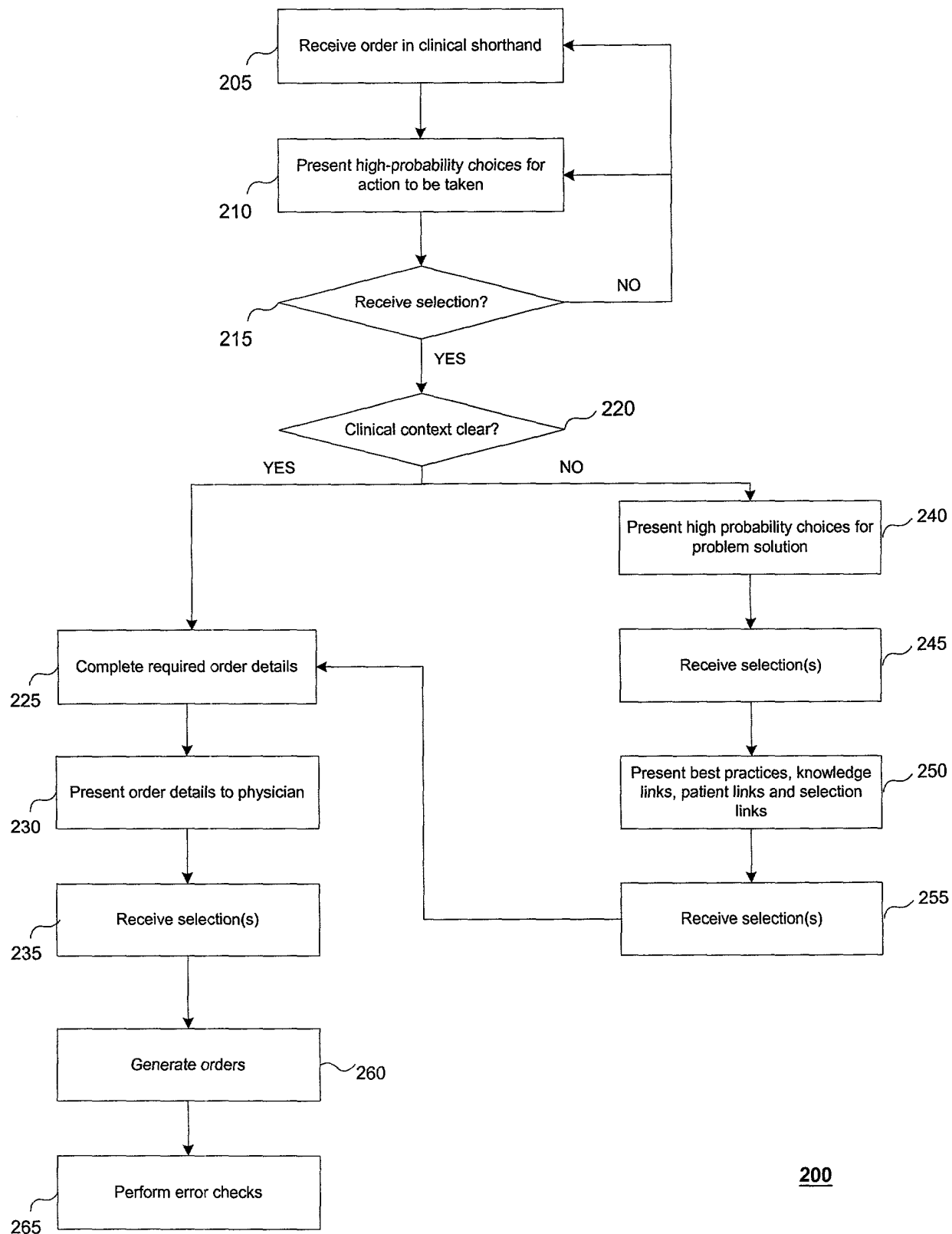


FIG. 1



**FIG. 2**

CASS Popup

Treatment Advisor for Deep Vein Thrombosis, Pulmonary Embolism, and Acute Coronary Syndrome in Adults  
Care Improvement Committee: Approved 7/1/99; Updated 12/4/00

You have started an order for a V/Q scan

HELP

Please select the desired course of action under the appropriate indication for a V/Q scan and click OK when done

**Suspected Diagnosis of DVT:** Initiate diagnostic testing and

**DVT** ☐ Initiate IV heparin bolus as interim measure

**312** ☐ Initiate definitive therapy with IV heparin and warfarin\*\*

**Confirmed Diagnosis of DVT:**

☐ Initiate therapeutic IV heparin and warfarin

**Major Contraindications to IV Heparin Therapy**

intracranial hemorrhage  
active internal bleeding  
bleeding peptic ulcer  
malignant hypertension  
heparin-induced thrombocytopenia w/in past 3 months  
concern for spontaneous bleeding  
surgery/invasive procedure planned/likely  
anticipated use of thrombolytic agents immediately

**OTHER CONTRAINDICATIONS**

**Information and Recommendations (links)**

DIAGNOSTIC TESTS TO CONFIRM/EXCLUDE DVT

MEDICAL THERAPY OF ACUTE DVT

MEDICAL THERAPY OF ACUTE PE

HEPARIN-INDUCED THROMBOCYTOPENIA

LOW MOLECULAR WEIGHT HEPARIN

**Suspected Diagnosis of PE:** Initiate diagnostic testing and

**PE** ☒ Initiate IV heparin bolus as interim measure

**314** ☐ Initiate definitive therapy with IV heparin and warfarin\*\*

**Confirmed Diagnosis of PE:**

☐ Initiate therapeutic IV heparin and warfarin

**Acute Coronary Syndrome**

**ACS** ☐ Initiate treatment for ACS

**Other**

☐ Return to CASS to complete order to other diagnosis

OK

CANCEL

\*\*There are no evidence-based guidelines regarding initiating definitive therapy when the diagnosis is not yet confirmed. This decision requires careful assessment and documentation of risks and benefits. May be appropriate when clinical suspicion is high or when diagnostic testing is delayed.

BACK

HOME

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FIG. 3

400

CASS Popup

**Temporary IV heparin for Suspected PE in Adults During Testing**

402

Guidelines for suspected PE evaluation are listed below:

- obtain a baseline PTT, PT/INR, CBC with platelets if necessary 404
- check for contraindications to heparin therapy [CONTRAINDICATIONS]
- if no contraindications, give heparin 5000 units IV [INFO ON HEPARIN-INDUCED THROMBOCYTOPENIA]
- order imaging study to confirm diagnosis [INFO ON TESTS TO CONFIRM OR EXCLUDE PE]

Orders you may wish to consider (check to order) - order only necessary items (duplicate order checking not done on this page).

- ☒ Bolus with I.V. heparin (U)
- ☒ baseline PTT now (if necessary) 412
- ☒ baseline PT/INR now (if necessary) 406
- ☒ baseline CBC with platelets now (if necessary) 410

Current Date and Time: 4/18/2001 8:19 AM		
Anticoag Meds	Dose	Date
No Anticoagulant Meds		
Labs	Value	Date
PTT	None Available	
INR	None Available	
Platelet Count	None Available	
PCV	None Available	

**Diagnostic Test for PE**

- ☒ V/Q Scan (0800-2300, everyday) -or- 414a
- ☐ Spiral CT (24 hours a day, everyday), only useful for detecting large central pulmonary embolism 414

**Reason for Test (required):**

- ☐ Hemoptysis
- ☐ Painful Respiration
- ☐ Respiratory Distress
- ☐ Other 416a
- ☐ Acute Pulmonary Heart Disease, Other
- ☐ Chest Discomfort, Pressure, or Tightness 416
- ☐ Respiratory Abnormality (unsp)

I am not doing some/all suggestions above because: 416b

Order the selected items 418

Clear selections 420

Cancel 422

**FIG. 4**

500

CASS Popup

502

**Guidelines for Weight-Based Dose Adjustments of IV heparin for confirmed DVT/PE**

Care Improvement Committee (Approved 12-1-99) 504

Patient Weight = 77 kgs, Current Heparin Drip = 1390 U/Hr. Recommendations based on these values (indicated below in *italics*) require a PTT which was obtained at least 4-6 hours after the last change in the heparin drip 506

PTT (seconds)	Dose change (U/kg/hr)	Additional Action	Next PTT (hours)	Click to use
< 50	+4 (1390 + 310 = 1700 U/Hr)	Rebolus w/80 U/kg (80 x 77 kg = 6200 Units)	6	<input type="button" value="A"/> 508a
50-64	+2 (1390 + 150 = 1540 U/Hr)	Rebolus w/40 U/kg (40 x 77 kg = 3100 Units)	6	<input type="button" value="B"/> 508b
65-110	0	None	6	
111-160	-2 (1390 - 150 = 1240 U/Hr)	None	6	<input type="button" value="C"/> 508c
>160	-4 (1390 - 230 = 1160 U/Hr)	Stop infusion one hour	6	<input type="button" value="D"/> 508d

508

Orders you may wish to consider (check to order):

- ☒ Stop heparin for 1 hr
- ☒ change heparin infusion to (U/hr)
- ☐ Rebolus heparin IV (U)
- ☐ continue heparin infusion without change

510

516

514

512

Current Date and Time: 4/18/2001 9:16 AM

Anticoag Meds	Dose	Date
Heparin drip	1390 U/hr	4/18/2001 9:10 AM
Heparin bolus	6200 U	4/18/2001 9:10 AM
Warfarin	2.5 mg QHS	4/18/2001 10:00 PM

Labs	Value	Date
PTT	None Available	
INR	None Available	
Platelet Count	None Available	
PCV	None Available	

If any of the above recommendations are inappropriate, please explain:

518

Order the selected items

520

Clear selections

522

Cancel

524

BACK

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FIG. 5